

## How to Resolve the Claims Reject Edit 00431 for CAP Providers

### Overview

North Carolina operates several programs to provide home and community care as a cost-effective alternative to institutionalization. This program is called the Community Alternatives Program (CAP). The programs have allowed those who otherwise would be institutionalized to remain with their family in familiar surroundings. All of these benefits accrued at a cost-saving to Medicaid in comparison with the cost of institutional care. There are four variations of the CAP program.

- Community Alternatives Program for Children (CAP/C)
- Community Alternatives Program – Choice
- Community Alternatives Program for Disabled Adults (CAP/DA)
- Community Alternatives Program for Mentally Retarded/Developmentally Disabled Individuals (CAP/MR-DD)

These various programs are otherwise known as "waiver" programs because standard program requirements are waived to allow the program to operate. These waiver programs provide some services that otherwise are not covered under Medicaid.

In order to bill for CAP services on a claim, the provider's profile must specifically list the appropriate taxonomy code as well as the applicable CAP service or endorsement. If the CAP service has not been added to the provider's profile in NCTracks, the claim will reject with error code 00431 PROCEDURE CODE IS NOT COVERED BY THE ASSIGNED BSG FOR THE DATES OF SERVICE

EDITS				
Line	Edit	Edit Description	EOB	Status Description
1	00431	PROCEDURE CODE IS NOT COVERED BY THE ASSIGNED BSG FOR THE DATES OF SERVICE	02310	2-DENY

This user guide provides step-by-step instructions for adding CAP services to the provider profile in NCTracks.

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## Logging into the Provider Portal

1. Navigate to [www.nctracks.nc.gov](http://www.nctracks.nc.gov)
2. The following page will display. Click the **Providers** tab at the top of the page.

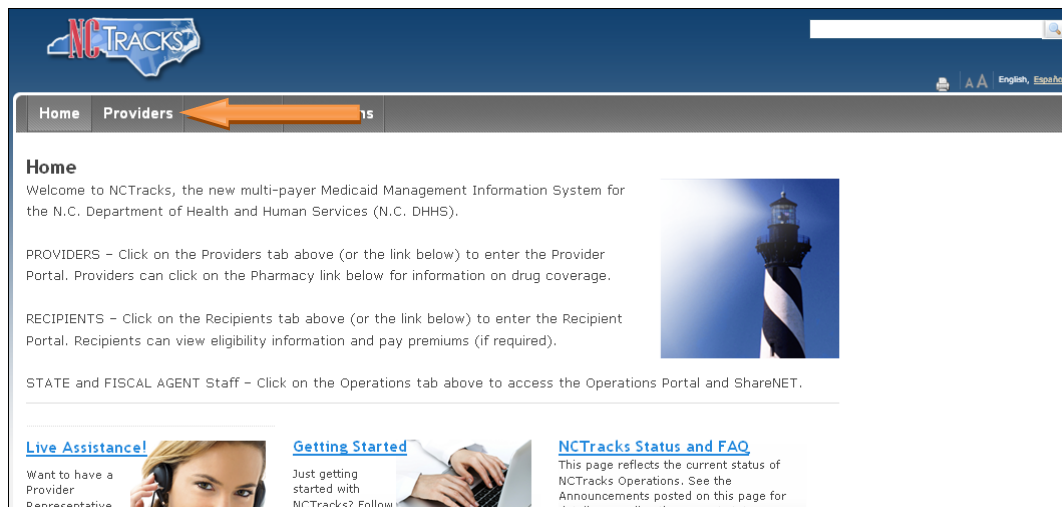


Figure 1: NCTracks Home

3. From the **Providers** page, click the NCTracks Secure Portal icon.

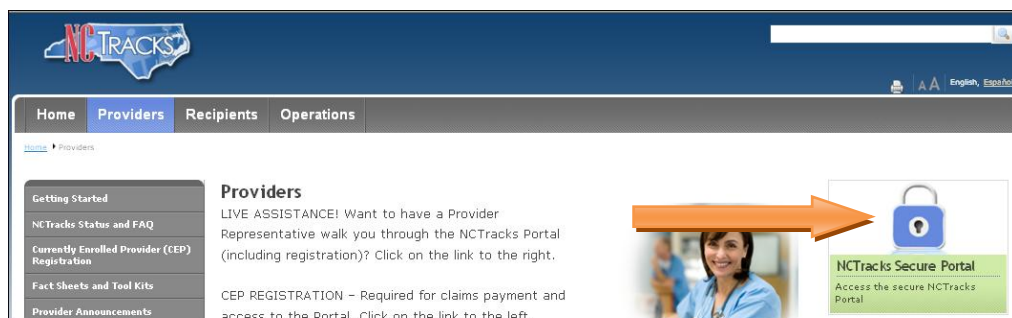


Figure 2: Providers Page

4. The following login screen will display. Enter the NCID and password and click the **Log in** button.

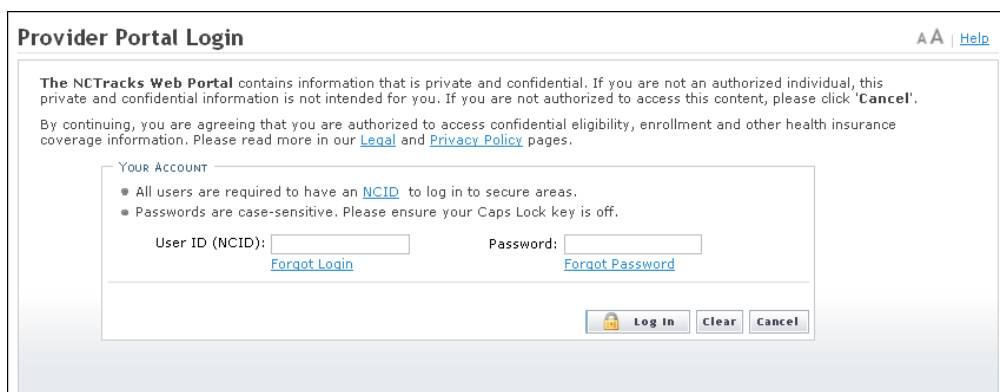


Figure 3: Provider Portal Login

## Accessing the Manage Change Request Application

5. The following page will display. Click the **Status and Management** button.

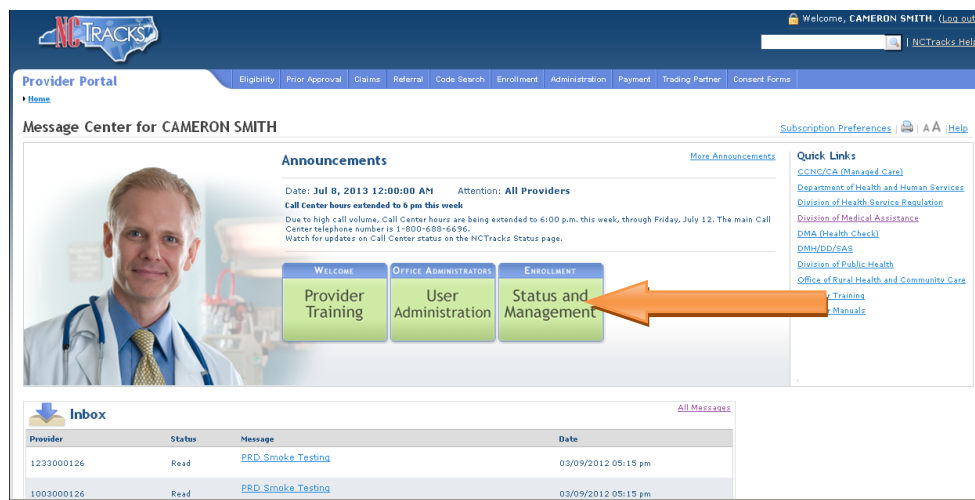
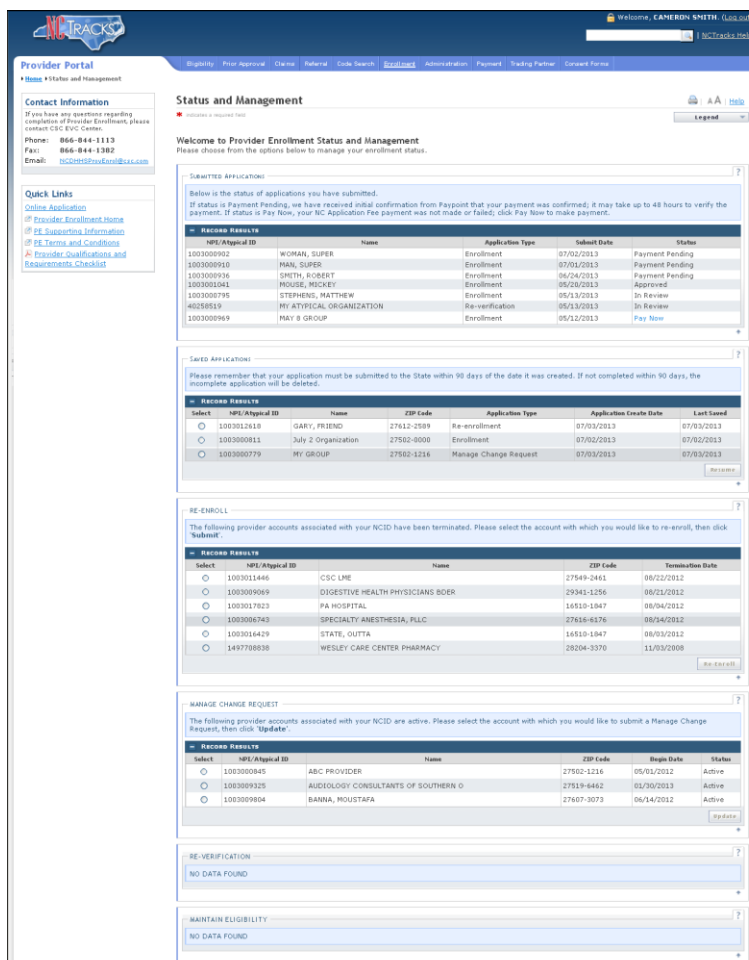


Figure 4: Select Status and Management

6. The **Status and Management** screen will display. The screen is divided into 6 sections.



**Submitted Application**

Below is the status of applications you have submitted.

If status is Payment Pending, we have received initial confirmation from Paypoint that your payment was confirmed; it may take up to 48 hours to verify the payment. If status is Pay Now, your NC Application Fee payment was not made or failed; click Pay Now to make payment.

NPI/Approval ID	Name	Application Type	Submit Date	Status
1003009902	WOMAN, SUPER	Enrollment	07/02/2013	Payment Pending
1003009910	MAN, SUPER	Enrollment	07/02/2013	Payment Pending
1003009916	SMITH, ROBERT	Enrollment	06/24/2013	Payment Pending
1003001041	HOUSE, MICKEY	Enrollment	06/20/2013	Approved
1003000796	STEPHENS, MATTHEW	Enrollment	06/13/2013	In Review
40258519	MY ATYPICAL ORGANIZATION	Re-verification	05/13/2013	In Review
1003000969	MAY 8 GROUP	Enrollment	05/12/2013	Pay Now

**Saved Application**

Please remember that your application must be submitted to the State within 90 days of the date it was created. If not completed within 90 days, the incomplete application will be deleted.

Select	NPI/Approval ID	Name	ZIP Code	Application Type	Application Create Date	Last Saved
<input type="radio"/>	1003012418	GARY, FRIEND	27612-2889	Re-enrollment	07/03/2013	07/03/2013
<input type="radio"/>	1003000911	July 2 Organization	27502-0000	Enrollment	07/02/2013	07/02/2013
<input type="radio"/>	1003000779	MY GROUP	27502-1216	Manage Change Request	07/03/2013	07/03/2013

**RE-ENROLL**

The following provider accounts associated with your NCID have been terminated. Please select the account with which you would like to re-enroll, then click Submit.

Select	NPI/Approval ID	Name	ZIP Code	Termination Date
<input type="radio"/>	1003011446	CSC LME	27549-2461	08/22/2012
<input type="radio"/>	1003009069	DIGESTIVE HEALTH PHYSICIANS BDR	29341-1256	08/21/2012
<input type="radio"/>	1003017823	PA HOSPITAL	16510-1847	08/04/2012
<input type="radio"/>	1003006743	SPECIALTY ANESTHESIA, PLLC	27616-6176	08/24/2012
<input type="radio"/>	1003016429	STATE, OUTTA	16510-1847	08/03/2012
<input type="radio"/>	1497708838	WESLEY CARE CENTER PHARMACY	28204-3370	11/09/2008

**MANAGE CHANGE REQUEST**

The following provider accounts associated with your NCID are active. Please select the account with which you would like to submit a Manage Change Request, then click Update.

Select	NPI/Approval ID	Name	ZIP Code	Birth Date	Status
<input type="radio"/>	1003000845	ABC PROVIDER	27502-1216	05/02/2012	Active
<input type="radio"/>	1003009325	AUDIOLOGY CONSULTANTS OF SOUTHERN D	27519-6462	01/30/2013	Active
<input type="radio"/>	1003009804	BANNA, ROUSTAFI	27607-3073	06/14/2012	Active

**RE-VERIFICATION**

NO DATA FOUND


**MAINTAIN ELIGIBILITY**

NO DATA FOUND

Figure 5: Status and Management Page

## Status and Management Sections

1. **Submitted Applications:** Contains enrollment applications or change requests that have already been submitted and are currently in process.
2. **Saved Applications:** Contains enrollment applications or change requests that have been started but not yet submitted. Please remember that your application must be submitted to the State within 90 days of the date it was created. If not completed within 90 days, the incomplete application will be deleted.
3. **Re-enroll:** This section will list provider accounts associated with the user's NCID that have been terminated. The user can select the account to re-enroll, then click 'Submit'.
4. **Manage Change Request:** This section will list provider accounts associated with the users NCID that are active.
5. **Re-verification:** This section allows the user to submit a required re-verification application for a provider enrollment account.
6. **Maintain Eligibility:** This section allows the user to submit a required maintain eligibility application for a provider enrollment account.
7. To begin a new **Manage Change Request**, under the **Manage Change Request** Section, click the radio button next to the NPI to be changed. Next, click the **Update** button.



If the Manage Change Request section reads **No Data to Display**, it is possible that a Manage Change Request has already been created and/or submitted, but not yet approved. Check the **Submitted Applications** and **Saved Applications** sections for a Manage Change Request/Enrollment that is already in process.

MANAGE CHANGE REQUEST					
The following provider accounts associated with your NCID are active. Please select the account with which you would like to submit a Manage Change Request, then click 'Update'.					
RECORD RESULTS					
Select	NPI/Atypical ID	Name	ZIP Code	Begin Date	Status
<input checked="" type="radio"/>		PROVIDER	27502-1216	05/01/2012	Active
<input type="radio"/>	1003009325	AUDIOLOGY CONSULTANTS OF SOUTHERN O	27519-6462	01/30/2013	Active
<input type="radio"/>	1003001801	THE PEANUT GALLERY	27701-3637	04/30/2012	Active
<input type="radio"/>	1003013160	ZUMBA, CARY M	27607-3073	05/07/2012	Active
					<input type="button" value="Update"/>

Figure 6: Select Manage Change Request

8. The **Organization Basic Information** screen will display. The left hand side menu will display a list of topics.



Do NOT click the menu options on the left hand side of the screen, as each page must be accessed/reviewed before the **Manage Change Request** can be submitted. Instead, to navigate to appropriate section, click the **Next** button on the bottom right corner of the screen until you reach the **Addresses** screen.

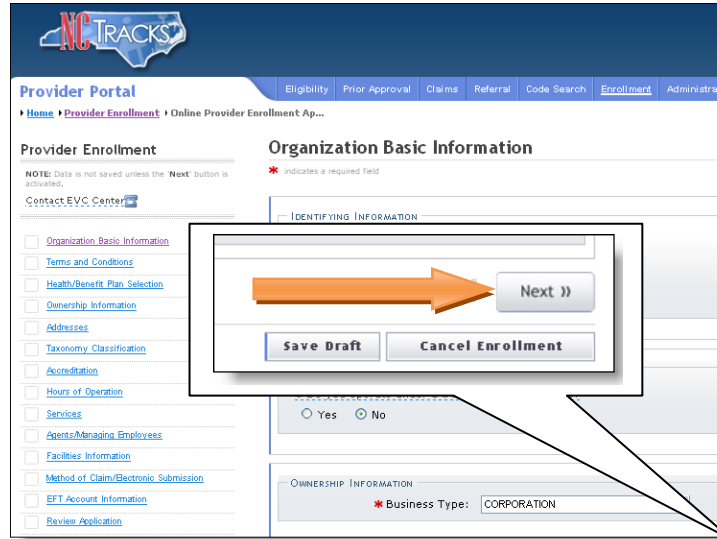


Figure 7: Organization Basic Information Page

9. On the Terms and Conditions page, to attest and accept Medicaid Terms and Agreements, click the check box and click the **Next** button.

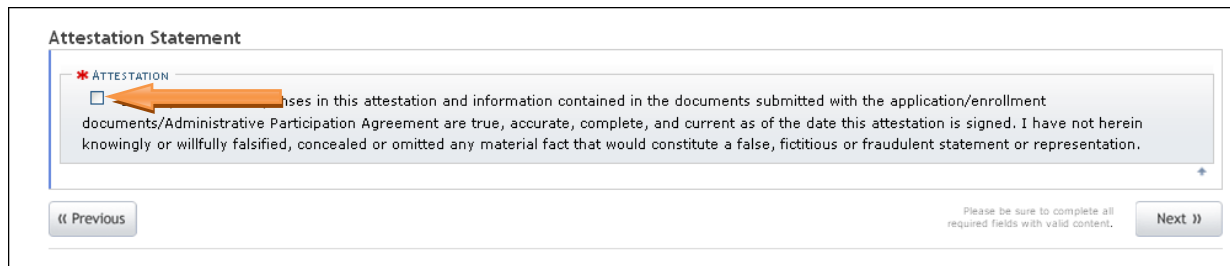




Figure 8: Attestation Statement

## Adding Services and Endorsements

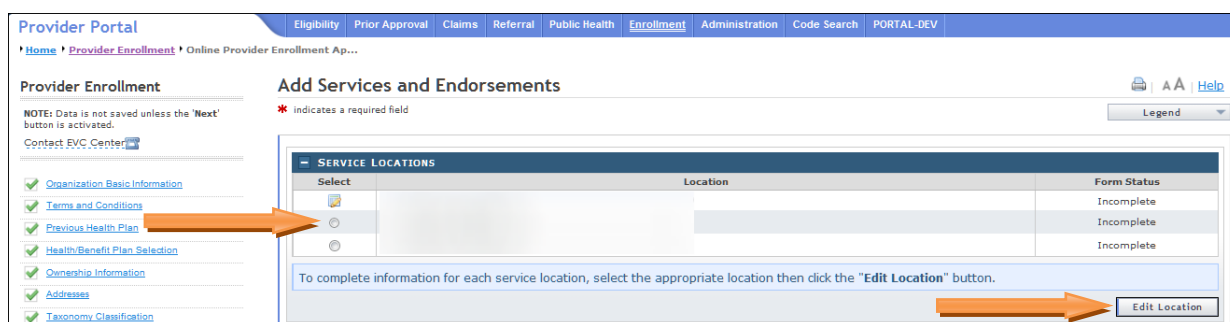
10. The following screen will display. The checkmark icon in the **Select** column indicates the service location to be edited. To select a different location, click the radio button next to the applicable location. Otherwise, click the **Edit Location** button to edit the selected location.



The following screen will ONLY display for those organizations that have added specific taxonomy codes that require specific services and/or endorsements. If this screen does not display, it is recommended that you review the taxonomy codes on your profile and add the necessary taxonomy codes.



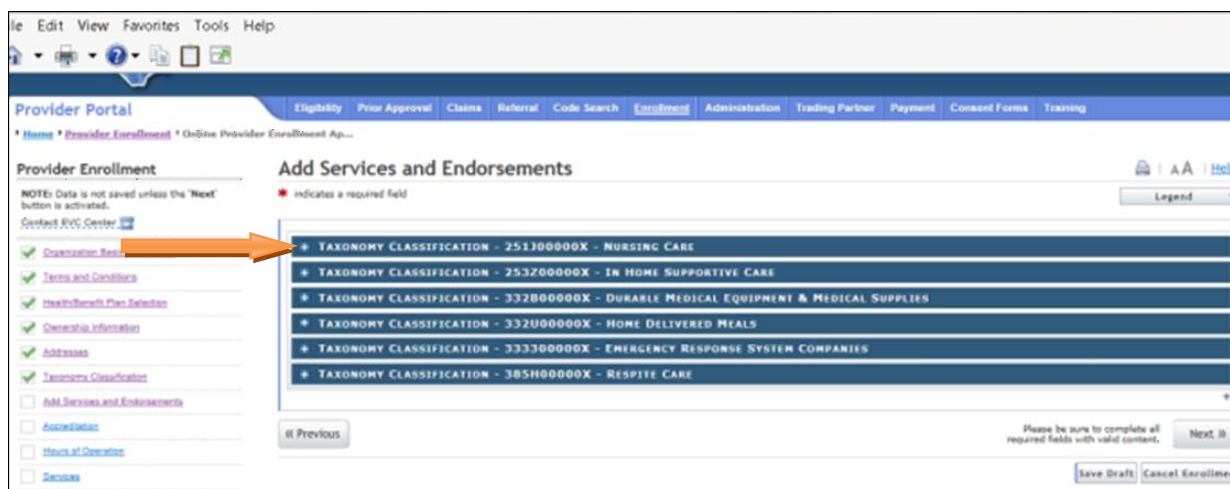
**These steps must be repeated for each taxonomy code assigned to each service area.**



The screenshot shows the 'Add Services and Endorsements' page. On the left is a sidebar with a list of steps: Organization Basic Information, Terms and Conditions, Previous Health Plan, Health/Benefit Plan Selection, Ownership Information, Addresses, and Taxonomy Classification. The main area has a table titled 'SERVICE LOCATIONS' with columns 'Select', 'Location', and 'Form Status'. The 'Select' column contains radio buttons. The 'Form Status' column shows 'Incomplete' for all three rows. Below the table, a message states: 'To complete information for each service location, select the appropriate location then click the "Edit Location" button.' An orange arrow points to the 'Edit Location' button at the bottom right.

Figure 9: Add Services and Endorsements - Select Location

11. The following **Add Services and Endorsements** page will display. To view the services that are applicable to each taxonomy, click the "plus" (+) sign next to the taxonomy classification, on each dark blue bar.



The screenshot shows the 'Add Services and Endorsements' page with a list of taxonomy classifications. The list includes:
 

- TAXONOMY CLASSIFICATION - 251300000X - NURSING CARE
- TAXONOMY CLASSIFICATION - 253200000X - IN HOME SUPPORTIVE CARE
- TAXONOMY CLASSIFICATION - 332B00000X - DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES
- TAXONOMY CLASSIFICATION - 332U00000X - HOME DELIVERED MEALS
- TAXONOMY CLASSIFICATION - 333300000X - EMERGENCY RESPONSE SYSTEM COMPANIES
- TAXONOMY CLASSIFICATION - 385H00000X - RESPITE CARE

 An orange arrow points to the plus sign next to the first taxonomy classification. The sidebar on the left shows the 'Add Services and Endorsements' step as the current step.

Figure 10: Add Services and Endorsements - Expand Taxonomy Classification

12. CAP service options will display for those taxonomies that apply to CAP.

- **NEW** indicates that CAP services have not yet been added to the taxonomy.
- **Active** indicates that the service has already been added, and is active.

Click the **Add** icon next to the status column, to add that particular service to the taxonomy.

Figure 11: Add Services and Endorsements - Click Add

13. The following **Begin-date Info** screen will display. Select the **New Begin Date** and click the **Save** button to save the changes.

Figure 12: Select Begin Date

The new begin date CANNOT be dated prior to the date of the taxonomy or physical address. For example, if you have added the taxonomy code or the physical address today. You will need to select today's date for the CAP service. If you attempt to date the service prior to the date of the Taxonomy code or the physical address/service location, you will receive the following error message

Figure 13: New Begin Date Error







## Completing the Manage Change Request

16. Continue to click the **Next** button through the **Manage Change Request** application until you reach the **Terms and Conditions** page.



The **Save Draft** button will only save your progress and will not submit the **Manage Change Request** for processing.

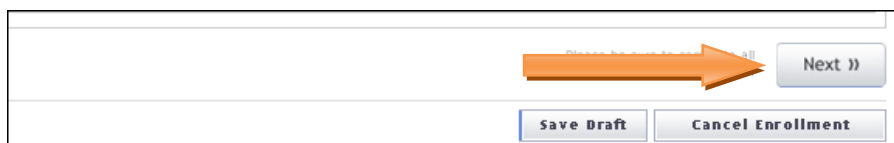


Figure 16: Click Next

17. The **Review Application** screen will display. On the left hand margin, verify that all application pages have a green check mark next to each page. In addition, verify the contact email address listed on the page. This can be updated on the **Basic Information** page.

To review the application in Adobe PDF format, click the **Review Application** button. If you have successfully completed all required information for your provider enrollment application and are satisfied the information is complete and accurate, Click the **Next** button to proceed to the **Attachments/Submit Electronic Application** page.

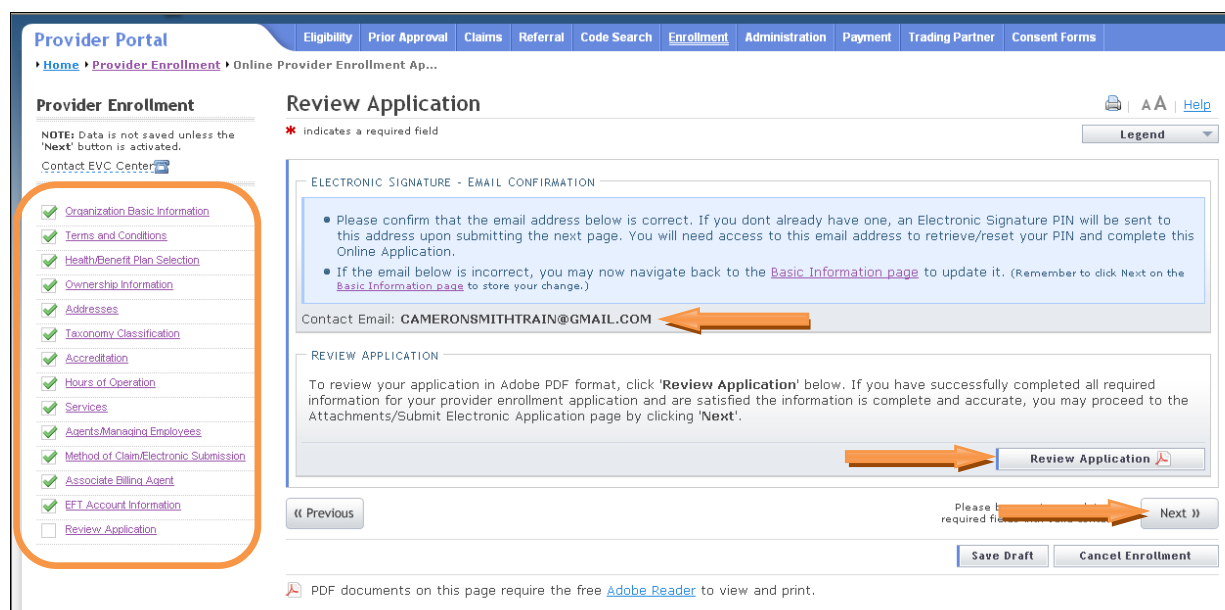
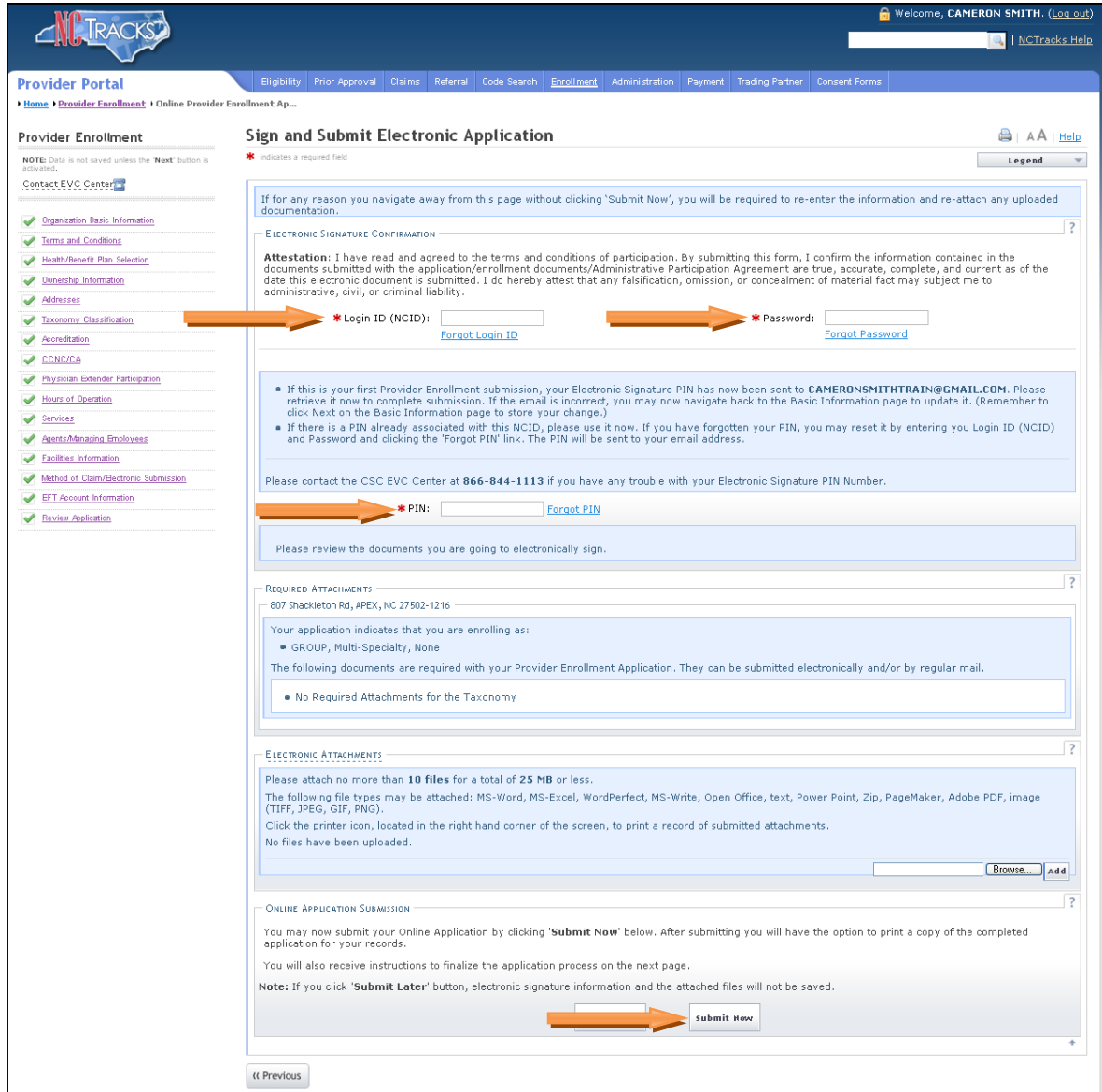


Figure 17: Review Application

18. The **Sign and Submit Electronic Application** page will display. Enter the NCID and password, as well as the PIN number and click the **Submit Now** button.



**Provider Portal**

Welcome, CAMERON SMITH. (Log out)

[Home](#) [Provider Enrollment](#) [Online Provider Enrollment Ap...](#)

**Provider Enrollment**

NOTE: Data is not saved unless the **Next** button is clicked.

Contact EVC Center

- Organization Basic Information
- Terms and Conditions
- Health/Benefit Plan Selection
- Ownership Information
- Addresses
- Taxonomy Classification
- Accreditation
- CCNC/CA
- Physician Extender Participation
- Hours of Operation
- Services
- Agents/Managing Employees
- Facilities Information
- Method of Claim/Electronic Submission
- EFT Account Information
- Review Application

**Sign and Submit Electronic Application**

\* indicates a required field

If for any reason you navigate away from this page without clicking 'Submit Now', you will be required to re-enter the information and re-attach any uploaded documentation.

ELECTRONIC SIGNATURE CONFIRMATION

**Attestation:** I have read and agreed to the terms and conditions of participation. By submitting this form, I confirm the information contained in the documents submitted with the application/enrollment documents/Administrative Participation Agreement are true, accurate, complete, and current as of the date this electronic document is submitted. I do hereby attest that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.

\* Login ID (NCID):  [Forgot Login ID](#)

\* Password:  [Forgot Password](#)

■ If this is your first Provider Enrollment submission, your Electronic Signature PIN has now been sent to CAMERONSMITHTRAIN@GMAIL.COM. Please retrieve it now to complete submission. If the email is incorrect, you may now navigate back to the Basic Information page to update it. (Remember to click Next on the Basic Information page to store your change.)

■ If there is a PIN already associated with this NCID, please use it now. If you have forgotten your PIN, you may reset it by entering your Login ID (NCID) and Password and clicking the 'Forgot PIN' link. The PIN will be sent to your email address.

Please contact the CSC EVC Center at 866-844-1113 if you have any trouble with your Electronic Signature PIN Number.

\* PIN:  [Forgot PIN](#)

Please review the documents you are going to electronically sign.

REQUIRED ATTACHMENTS

807 Shackleton Rd, APEX, NC 27502-1216

Your application indicates that you are enrolling as:

- GROUP, Multi-Specialty, None

The following documents are required with your Provider Enrollment Application. They can be submitted electronically and/or by regular mail.

- No Required Attachments for the Taxonomy

ELECTRONIC ATTACHMENTS

Please attach no more than **10 files** for a total of **25 MB** or less.

The following file types may be attached: MS-Word, MS-Excel, WordPerfect, MS-Write, Open Office, text, Power Point, Zip, PageMaker, Adobe PDF, image (TIFF, JPEG, GIF, PNG).

Click the printer icon, located in the right hand corner of the screen, to print a record of submitted attachments.

No files have been uploaded.

[Browse...](#) [Add](#)

ONLINE APPLICATION SUBMISSION

You may now submit your Online Application by clicking '**Submit Now**' below. After submitting you will have the option to print a copy of the completed application for your records.

You will also receive instructions to finalize the application process on the next page.


**Note:** If you click '**Submit Later**' button, electronic signature information and the attached files will not be saved.

[Submit Now](#)


[Previous](#)

Figure 18: Sign and Submit

## Tips for Navigating the Mange Change Request Application



All pages must be reviewed prior to continuing. If you receive the following error, click on the pages that do not have check marks next to the section and click **Next** through those sections.

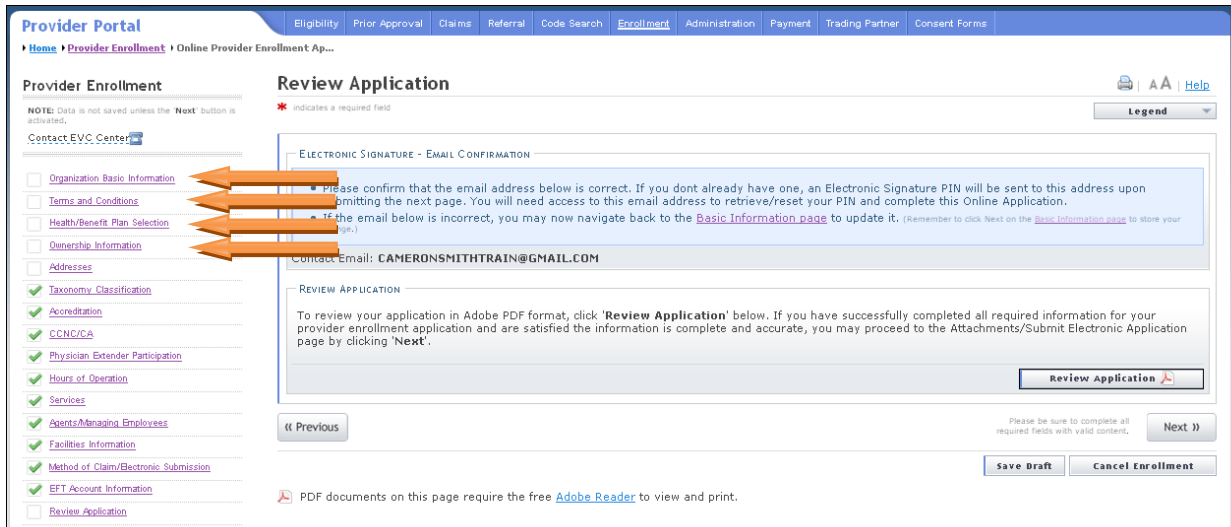


**Error Summary**

Please fix the following errors before you proceed.

- Please complete all pages in this application before proceeding.

Figure 19 Error - Complete all Pages in the Application



**Provider Portal** | Eligibility | Prior Approval | Claims | Referral | Code Search | Enrollment | Administration | Payment | Trading Partner | Consent Forms

Home > Provider Enrollment > Online Provider Enrollment Ap...

**Provider Enrollment**

NOTE: Data is not saved unless the "Next" button is activated.

Contact EVC Center

- ☐ Organization Basic Information
- ☐ Terms and Conditions
- ☐ Health/Benefit Plan Selection
- ☐ Ownership Information
- ☐ Addresses
- ☒ Taxonomy Classification
- ☒ Accreditation
- ☒ CCNC/CA
- ☒ Physician Extender Participation
- ☒ Hours of Operation
- ☒ Services
- ☒ Agents/Managing Employees
- ☒ Facilities Information
- ☒ Method of Claim/Electronic Submission
- ☒ EFT Account Information
- ☐ Review Application

**Review Application**

\* indicates a required field

Legend

ELECTRONIC SIGNATURE - EMAIL CONFIRMATION

Please confirm that the email address below is correct. If you don't already have one, an Electronic Signature PIN will be sent to this address upon submitting the next page. You will need access to this email address to retrieve/reset your PIN and complete this Online Application.

If the email below is incorrect, you may now navigate back to the [Basic Information page](#) to update it. (Remember to click Next on the [Basic Information page](#) to store your changes.)

Contact Email: CAMERONSMITHTRAIN@GMAIL.COM

REVIEW APPLICATION

To review your application in Adobe PDF format, click "Review Application" below. If you have successfully completed all required information for your provider enrollment application and are satisfied the information is complete and accurate, you may proceed to the Attachments/Submit Electronic Application page by clicking "Next".

Review Application

Previous

Please be sure to complete all required fields with valid content.

Save Draft Cancel Enrollment Next

PDF documents on this page require the free [Adobe Reader](#) to view and print.

Figure 20: Review Application - Incomplete Pages